2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an add

SIGNATURE:

Jun 02, 2002 8:00 am Secretary of State DOCUMENT # NO100005391 1. Entity Name 05-10-2002 90038 035 ****61.25 LOGRONO HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 90499 255 S. ORANGE AVE., STE. 1700 255 S. GRANGE AVE., STE. 1700 ORLANDO FL 32801 ORLANDO P 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 59-37 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORED ABENTS Street A 103 N. MERIDAN ST., LOWER LEVEL TALLAHASSEE FL 32301 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typ registered agent and title if another 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delete TITLE **Change** AUFSEESSER, ERNST NAME NAME STREET ADDRESS GRENADA N.V., C/O MINTRA 21 RUE DU MONT BL STREET ADDRESS CITY-ST-ZIP CH 1201, GENEVA, SWITZERLAND CITY-ST-ZIP TITLE Delete TITLE ROSS, THOMAS T NAME NAME STREET ADDRESS 255 S. ORANGE AVE., STE. 1700 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP each TITLE Delete TITLE NAME DAYAN, MEIR NAME STREET ADDRESS SHALOM MAYER TOWER: 9 AHAD HA'AM ST. STREET ADDRESS CITY-ST-ZIP P.O.B. 29086, TEL AVIV 61290 CITY-ST-ZIP TITLE Deiete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED